

Foster Family Home - Corrective Action Report

Provider ID: 1-566523

Home Name: Maria Bella Concepcion, RN

Review ID: 1-566523-4

91-302 Kauoha Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 10/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/8/19.
Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN
Compliance Manager

Julie
Primary Care Giver

10/8/19
Date

10/8/19
Date